

REQUEST FOR WORKER/HANDLER CARDS

Name:	Trainer Certificate #:
Street Address:	Mailing Address:

Write in the number of cards you are requesting under the appropriate heading(s).

Handler Cards

Worker Cards

Number of cards requested:

These cards are regulated and are signed out to you. Only the person receiving the cards from the Department can issue the cards. You are required to maintain a log of all handler and worker card(s) you issue. Please complete the required information when you issue the card(s). (Forms for these records are available from the Arizona Department of Agriculture.)

Note: We must receive a copy of your training log accounting for prior card(s) issued, before we will process any request(s) for additional card(s).

You may request in writing the transfer of cards between certified trainers PRIOR TO THE PERSON RECEIVING THE CARDS USING THEM.

By signing below I hereby agree to abide by Arizona Revised Statute Title 3, Chapter 17 and Title 3, Chapter 3, Article 10 of the Arizona Administrative Code.

Signature

Date

DO NOT WRITE BELOW THIS LINE: For office use only:

Number of Worker cards: _____ Sequence Number From: _____ To: _____

Number of Handler cards: _____ Sequence Number From: _____ To: _____

Certified Mail Number: _____ or _____
Signature of authorized person receiving cards